

**ATTORNEY DOCKET NO. 03311.0001U3  
ELECTRONIC FILING**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of )  
                        )  
                        )  
**Devanagondi, et al.**      )      Group Art Unit: **2616**  
                        )  
Application No.: **10/612,889**      )      Confirmation No. **7012**  
                        )  
Filed: **July 3, 2003**              )      Examiner: **Jianye Wu**  
                        )  
For:                 **MULTI-SLICE NETWORK**      )  
                       **PROCESSOR**              )

**TRANSMITTAL LETTER**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input type="checkbox"/>	Petition to For Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input checked="" type="checkbox"/>	Other <u>RCE</u>

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims		19	21	X \$50.00		\$
Independent Claims		2	3	X \$210.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$
<input checked="" type="checkbox"/> Request for Continued Examination				+ \$810.00		\$810.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$460 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1050 <input type="checkbox"/>	4 <sup>th</sup> Month \$1640 <input type="checkbox"/>	5 <sup>th</sup> Month \$2230 <input type="checkbox"/>	
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						-\$405.00
<b>TOTAL FEE DUE</b>						\$405.00

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APPLICATION NO. 10/612,889**

Payment:

- A check in the amount of \$\_\_\_\_\_ is enclosed.
- Payment by credit card in the amount of \$\_\_\_\_\_ for the fees designated above is submitted via enclosed Form PTO-2038.
- Payment by credit card in the amount of \$405.00 for the fees designated above is submitted via EFS-Web.
- The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

/David A. Cornett/  
David A. Cornett  
Registration No. 48,417

Customer Number 23859